

**ATTACH
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Whittington Adventure Camp Registration for Summer.....2009

Applications are accepted on a first come, first served basis.

Please enter the date this application was completed: _____

Attending (Please Circle): Session I June 14 - June 26/Session II June 28 - July 10
CAMPER INFORMATION PLEASE PRINT CLEARLY

Full Name: _____ Birth Date: _____ Age at Camp: _____
(Must be 13 at Camp)
Address: _____ Social Security #: _____
City: _____ State: _____ Zip: _____ Male: _____ Female: _____
Home Phone: _____ Parent's Business Phone: _____ Ext: _____
Email address: _____

EDUCATIONAL INFORMATION

Name and Address of School: _____
Extra Curricular Activities: (i.e. sports, leadership, debate team, musical instruments, etc...) _____

CURRENT IMMUNIZATIONS AND PHYSICAL WILL BE REQUIRED :
It is to be mailed in with camper packet, no child will be accepted without it.

SPECIAL REQUIREMENTS: (i.e. medical, disabilities, etc.) _____

PARENT / GUARDIAN INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

BILLING ADDRESS: (If other than Parents)

Guarantor: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

METHOD OF PAYMENT: Payment is NON-REFUNDABLE if you cancel after April 15th
CAMPER PACKET (mailed to you after first of year) **MUST BE RETURNED BY April 15th**

Payment: _____ \$950.00 per session. _____ 50 % Reservation Deposit (Balance due by April 15, 2009).
Amount _____ Check # _____ Money Order # _____
Visa _____ Master Card _____ American Express _____ Discover _____

Name: _____ Session: _____ Camper #: _____ Team #: _____ Group #: _____ Cabin #: _____
Forms Received: Medical Record: _____ Liability Release: _____ Travel Plans: _____ H.E. Registration: _____ H.E. Worksheet _____

Card # _____ Exp. Date: ____ - ____

Authorizing Signature: _____ Date: _____

Make check or money order payable to the NRA WHITTINGTON ADVENTURE.

BILLING INFORMATION: (If other than Parents)

CAMPER IS BEING SPONSORED BY:

Relative other than Parent: _____ Relationship: _____

Friends of the NRA: _____ Chapter Name: _____

Gun Club: _____ Club Name: _____

Private Grant: _____ Grantor's Name: _____

Independent Business: _____ Business Name: _____

Corporate Sponsor: _____ Corporate Name: _____

SEND CAMPER PACKET TO: CAMPER: _____ SPONSOR: _____

COMMENTS: _____

How did you hear about us? :

FOR OFFICIAL USE ONLY

Payment # 1 Date: _____ **Receipt #** _____ **Amount:** _____

Check # _____ **Visa:** _____ **Master Card:** _____ **American Express:** _____ **Discover:** _____

Card # _____ **Exp. Date:** _____ **Money Order #** _____

Payment # 2 Date: _____ **Receipt #** _____ **Amount:** _____

Check # _____ **Visa:** _____ **Master Card:** _____ **American Express:** _____ **Discover:** _____

Card # _____ **Exp. Date:** _____ **Money Order #** _____

Payment # 3 Date: _____ **Receipt #** _____ **Amount:** _____

Check # _____ **Visa:** _____ **Master Card:** _____ **American Express:** _____ **Discover:** _____

Card # _____ **Exp. Date:** _____ **Money Order #** _____